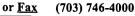


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(Date)				2004			May

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/989,320	11/20/2001	Michael M. Barlow	532 P 058	9968

TITLE OF INVENTION: HIGH CAPACITY PORTABLE EXCHANGE SINGLE BED DEIONIZER

	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665		\$300	\$965	08/06/2004
EXAN	INER	ART UN	IT	CLASS-SUBCLASS	UBCLASS	
BARRY, C	HESTER T	1724		210-288000		
CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indicati	e address or indication of "F ence address (or Change of C 22) attached. ion (or "Fee Address" Indica or more recent) attached. Use	Correspondence	names of agents OF firm (havi agent) and	nting on the patent front page. Tup to 3 registered patent R, alternatively, (2) the name ing as a member a registered d the names of up to 2 registered or agents. If no name is list inted.	attorneys or 1 Rockey to of a single 1 attorney or 2 stered patent	ein Wagner & , Ltd.
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of)		
)		
Michael M. Barlow)		
)		
Application No. 09/989,320)	Examiner:	Chester T. Barry
Confirmation No. 9968)		
)	Art Unit:	1724
Filed November 20, 2001)		
)		
For: High Capacity Portable Exchange Single)		
Bed Deionizer)		

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Dear Commissioner:

Enclosed is our Check for \$965 to cover the payment of the Issue and Publication Fees due <u>August 6, 2004</u>. Please charge any additional fees or credit any overpayment to Deposit Account No. 23-0280.

Respectfully submitted,

Date: May 20, 2004

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311 South Wacker Drive, 53rd Floor

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Page 2

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